

STATE OF RHODE ISLAND
P.O. BOX 8709
CRANSTON, RI 02920-8787



Date : 09/02/2020
Account Number : 775190604
Notice Type : HE



Drew'Ellis A Burrell
55 Evergreen Street
Providence, RI 02906

How to Contact Us
Go Online : www.healthyrhode.ri.gov

For questions about affordable health cover
HealthSource RI at 1-855-840-4774

For questions about affordable health cover
human services programs, call Department
Services at 1-855-MY-RI-DHS (1-855-697-4

BENEFITS DECISION NOTICE

This notice tells you about your health and human services program benefits. This page tells you our d
on your benefits. You will find more details in the next pages. If you have any questions, please contac

BENEFITS SUMMARY

Program	Decision
Supplemental Nutrition Assistance (SNAP)	Denied.

If you don't agree with this decision, you may ask for a hearing to appeal. There is more information about the
appeal process at the end of this notice.

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MAIL**

**FLAT RATE
ENVELOPE**
ONE RATE ■ ANY WEIGHT

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EP14B June 2020
OD: 10 x 6

WHEN USED
DECLARATI



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FLAT RATE ENVELOPE
POSTAGE REQUIRED**

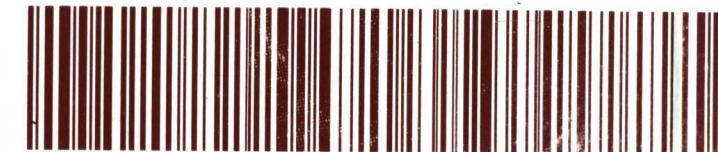
U.S. Government Official Mail
850 Canal Street, Second Floor
Stamford, CT
06902

**PRIORITY MAIL
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DREWELLIS ANTHONY BURRELL
129 Fourth Street Floor 3
Providence, RI 02906

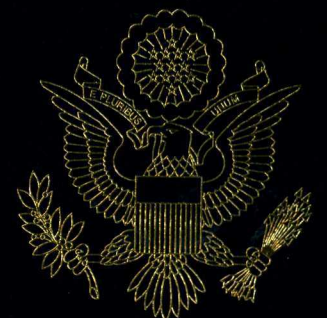
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PENALTY FOR PRIVATE USE, \$300

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PASSPORT



*United States
of America*

